05/20/2010 09:55

Image# 10990692888

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines Americas Health Insurance Plans PAC (AHIP PAC) 601 Pennsylvania Avenue NW ADDRESS (number and street) Suite 500 South Building Check if different than previously DC 20004 Washington reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE 🛋 CITY A IS THIS NEW **AMENDED** C00106740 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 04 0 1 2010 04 30 2010 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Mr. Robert Borchardt Type or Print Name of Treasurer Electronically Filed by Mr. Robert Borchardt 05 20 2010 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

A. Form/Schedule: F3XN

Transaction ID:

Please note that the PAC is aware that it may disclose payroll receipts by disclosing a single total for the reporting period along with the amount deducted per pay period for each contributor. Because the amounts collected per pay period may change often during the time covered by a single report, we find that reporting individual deductions separately, pursuant to 11 CFR 104.8(b), more accurately discloses how the receipts are collected.

Report Covering the Period:

FEC Form 3X (Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISRUBSEMENTS

2010

OF RECEIPTS AND DISBURSEMENTS 3 / 33

To:

0 4

3 0

2010

Write or Type Committee Name
Americas Health Insurance Plans PAC (AHIP PAC)

0 1

0 4

From:

COLUMN A COLUMN B This Period Calendar Year-to-Date (a) Cash on Hand 2010° 125395.88 January 1 (b) Cash on Hand at 124227.18 Begining of Reporting Period 17456.29 97688.07 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 141683.47 223083.95 6(a) and 6(c) for Column B) 20056.28 101456.76 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 121627.19 121627.19 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 4 / 33

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

Report Covering the Period:

From:

м м 0 4

D D Y Y W Y 2 0 1 0

To:

м м 0 4 D D D

Y Y Y Y 2 0 1 0

I. Receipts	3	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than logal) Individuals/Persons C			
Than Political Commi (i) Itemized (use Sch		6741.25	38218.61
(ii) Unitemized		549.25	6828.32
(iii) TOTAL (add Lines 11(a)(i) and	(ii)	7290.50	45046.93
(b) Political Party Commi	tees	0.00	0.00
(c) Other Political Comm (such as PACs) (d) Total Contributions (a		10000.00	49500.00
11(a)(iii),(b) and (c)) (Totals to Line 33, pag		17290.50	94546.93
Transfers From Affiliated/C Party Committees		0.00	0.00
3. All Loans Received		0.00	0.00
Loan Repayments Receive Offsets To Operating Expe		0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 6. Refunds of Contributions M		165.79	641.14
to Federal candidates and Political Committees	* * *	0.00	2500.00
7. Other Federal Receipts (Dividends, Interest, etc.) .		0.00	0.00
3. Transfers from Non-Feder	al and Levin Funds		
(a) Non-Federal Account (from Schedule H3)		0.00	0.00
(b) Levin Funds (from Sch	edule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
9. Total Receipts (add Lines 12, 13, 14, 15, 16, 17, and	1 7	17456.29	97688.07
Total Federal Receipts (subtract Line 18(c) from Line	ne 19)	17456.29	97688.07

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

5/33

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		1
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	56.28	456.76
	Expenditures(c) Total Operating Expenditures	30.28	450.76
	(add 21(a)(i), (a)(ii) and (b))	56.28	456.76
2.	Transfers to Affiliated/Other Party	0.00	0.00
3.	Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	15000.00	95500.00
4.	Independent Expenditure	0.00	0.00
5.	(use Schedule E)	0.00	0.00
Ο.	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
7	Loans Made	0.00	0.00
	Refunds of Contributions To:		
((a) Individuals/Persons Other Than Political Committees	5000.00	5000.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees		
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	5000.00	5000.00
9.	Other Disbursements	0.00	500.00
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	· ·	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	20056.28	101456.76
2.	Total Federal Disbursements		
•	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	20056.28	101456.76

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 6 / 33

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	17290.50	94546.93
34.	Total Contribution Refunds (from Line 28(d))	5000.00	5000.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	12290.50	89546.93
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	56.28	456.76
37.	Offsets to Operating Expenditures (from Line 15, page 3)	165.79	641.14
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	-109.51	-184.38

FE6AN026

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7/33 (check only one) X 11a 11b 11c 12 13 14 15 16 1			
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	e name and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.			
Full Name (Last, First, Middle Initial) Gary Bacher Mailing Address 601 Pennsylvania Ave Suite 500, South Build City	ing State Zip Code	Date of Receipt M			
Washington FEC ID number of contributing federal political committee.	DC 20004	Amount of Each Receipt this Period 125.00			
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Senior Vice President Aggregate Year-to-Date 1000.00				
Full Name (Last, First, Middle Initial) Gary Bacher Mailing Address 601 Pennsylvania Ave Suite 500, South Build	Gary Bacher Mailing Address 601 Pennsylvania Avenue N.W.				
City Washington	State Zip Code DC 20004	0 4 3 0 2 0 1 0 Transaction ID: 20100427155012-1 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	125.00			
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Senior Vice President Aggregate Year-to-Date ▼ 1000.00				
Full Name (Last, First, Middle Initial) Carmella Bocchino		Date of Receipt			
Mailing Address 601 Pennsylvania Ave Suite 500, South Build	ing	04 / 15 / Y Y Y Y Y			
City <u>Washington</u>	State Zip Code DC 20004	Transaction ID: 20100414111012-2 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	208.33			
Name of Employer America's Health Insurance Plans Receipt For: Primary General	Occupation Executive Vice President, Clinical At Aggregate Year-to-Date 1666.64	ff T			
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	0 0 0 0 0 0 0 0	458.33			

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 33 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and	Statements may	v not be sold or used by any perso	13 14 15 16 on for the purpose of soliciting contributions
or for commercial purposes, other than using th	e name and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Americas Health Insurance Plans PA	C (AHIP PAC	;)	
Full Name (Last, First, Middle Initial) Carmella Bocchino			Date of Receipt
Mailing Address 601 Pennsylvania Ave Suite 500, South Build	enue N.W. ding		04 30 7 2010
City	State	Zip Code	Transaction ID: 20100427155012-2
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		208.33
Name of Employer	Occupation	n	
America's Health Insurance Plans		e Vice President, Clinical Aff	
Receipt For:	-, '	Year-to-Date ▼	
Primary General	33 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3		1
Other (specify)	0 0	1666.64	
Full Name (Last, First, Middle Initial) Robert Borchardt			Date of Receipt
Mailing Address 601 Pennsylvania Ave Suite 500, South Build			0 4 1 5 2 0 1 0
City	State	Zip Code	Transaction ID: 20100414111012-3
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer America's Health Insurance Plans	Occupation Senior Vi	n ice President Finance & Ope	— rat
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify)		333.36	
Full Name (Last, First, Middle Initial) Robert Borchardt	1		Date of Receipt
Mailing Address 601 Pennsylvania Ave Suite 500, South Build			04 30 7 2010
City	State	Zip Code	Transaction ID: 20100427155012-3
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer America's Health Insurance	Occupation Senior Vi	n ice President Finance & Ope	eralt
Plans Receipt For:	- ' '	Year-to-Date	
Primary General	, iggregate		1
Other (specify) ▼	0 0	333.36	
			•

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 33 (check only one) X 11a
An or	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Americas Health Insurance Plans PAG	C (AHIP PAC	()	
۸.	Full Name (Last, First, Middle Initial) Dianne Bricker	NI VA		Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build			04 15 2010
	City	State	Zip Code	Transaction ID: 20100414111012-4
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer America's Health Insurance Plans	Occupatio Regional		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	333.36	
	Full Name (Last, First, Middle Initial) Dianne Bricker			Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build	04 30 7 2010		
	City State Zip Code			Transaction ID: 20100427155012-4
	Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 41.67
	Name of Employer America's Health Insurance Plans	Occupatio Regional		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		333.36]
 ; <u>.</u>	Full Name (Last, First, Middle Initial) Winthrop Cashdollar			Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build	ding		04 / 15 / Y Y Y Y Y Y Y
	City Washington	State DC	Zip Code 20004	Transaction ID: 20100414111012-7
	FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 62.50
	Name of Employer America's Health Insurance Plans	Occupatio Executive	n e Director Product Policy	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	JBTOTAL of Receipts This Page (optional) .	1		145.84

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 33 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	not be sold or used by any persor ress of any political committee to	on for the purpose of soliciting contributions
Americas Health Insurance Plans PA	C (AHIP PAC)		
Full Name (Last, First, Middle Initial) Winthrop Cashdollar			Date of Receipt
Mailing Address 601 Pennsylvania Ave Suite 500, South Build			04 30 7 2010
City	State	Zip Code	Transaction ID: 20100427155012-7
Washington FEC ID number of contributing	C	20004	Amount of Each Receipt this Period 62.50
federal political committee.			
Name of Employer America's Health Insurance Plans	Occupation Executive	Director Product Policy	
Receipt For: Primary General	Aggregate	Year-to-Date ▼	1
Other (specify) ▼	0 0	500.00	
Full Name (Last, First, Middle Initial) Yvonne Chanatry			Date of Receipt
Mailing Address 601 Pennsylvania Ave Suite 500, South Build			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 20100414111012-8
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer America's Health Insurance Plans	Occupation Vice Pres	ident, Marketing and Graph	ics
Receipt For:	_ '	Year-to-Date ▼	
Primary General Other (specify) ▼		666.64	
Full Name (Last, First, Middle Initial) Yvonne Chanatry	1		Date of Receipt
Mailing Address 601 Pennsylvania Ave Suite 500, South Build	enue N.W. dina		M M / D D / Y Y Y Y Y O D D / 2010
City	State	Zip Code	Transaction ID: 20100427155012-8
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer America's Health Insurance Plans	Occupation Vice Pres	ident, Marketing and Graph	ic\$
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 666.64	
SUBTOTAL of Receipts This Page (optional) .	1		229.16

SCHEDULE A (F ITEMIZED RECE	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 33 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purpose	s, other than using the name and a	nay not be sold or used by any perso address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTE Americas Health In	E (In Full) surance Plans PAC (AHIP PA	AC)	
Full Name (Last, First, Gregory Dean			Date of Receipt
	Pennsylvania Avenue N.W. e 500, South Building		04 15 2010
City	State	Zip Code	Transaction ID: 20100414111012-11
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of confederal political commit			62.50
Name of Employer America's Health Insur Plans	ance Occupation Execut	tion ive Director Insurance Educati	on
Receipt For:		ate Year-to-Date ▼	
Primary Other (specify)	General	500.00	
Full Name (Last, First, Gregory Dean	Middle Initial)		Date of Receipt
Suit	Pennsylvania Avenue N.W. e 500, South Building	04 30 7 2010	
City	State	Zip Code	Transaction ID: 20100427155012-11
Washington FEC ID number of confederal political commit		20004	Amount of Each Receipt this Period 62.50
Name of Employer America's Health Insur Plans	ance Cocupa Execut	tion ive Director Insurance Educati	
Receipt For:		ate Year-to-Date ▼	-
Primary Other (specify)	General	500.00	
Full Name (Last, First, Jill Dowell	Middle Initial)		Date of Receipt
	Pennsylvania Avenue N.W. e 500, South Building		0 4 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 20100414111012-14
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of cont federal political commit			104.00
Name of Employer America's Health Insur Plans	Vice Pi	esident, Federal Affairs	
Receipt For: Primary Other (specify)	General	ate Year-to-Date ▼ 832.00	
SUBTOTAL of Receipts	This Page (optional)		229.00
	page this line number only)		

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 33 (check only one) X 11a 11b 11c 12 13 14 15 16 17		
or for commercial purposes, other than usin	and Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	PAC (AHIP PAC)			
Full Name (Last, First, Middle Initial) Jill Dowell Mailing Address 601 Pennsylvania	Avenue NIW	Date of Receipt		
Suite 500, South E		0 4 3 0 2 0 1 0		
City	State Zip Code	Transaction ID: 20100427155012-14		
Washington	DC 20004	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	104.00		
Name of Employer America's Health Insurance Plans	Occupation Vice President, Federal Affairs			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General Other (specify) ▼	832.00			
Full Name (Last, First, Middle Initial) Katie Dunning		Date of Receipt		
Suite 500, South E	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building			
City	State Zip Code	Transaction ID: 20100427155012-15		
Washington	DC 20004	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	41.67		
Name of Employer America's Health Insurance Plans	Occupation Regional Director			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 208.35	1		
Full Name (Last, First, Middle Initial) Jeffrey Gabardi		Date of Receipt		
Mailing Address 601 Pennsylvania Suite 500, South E		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State Zip Code	Transaction ID: 20100414111012-16		
Washington	DC 20004	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	125.00		
Name of Employer America's Health Insurance Plans	Occupation Senior Vice President, State Affairs			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General Other (specify) ▼	1000.00			
SUBTOTAL of Receipts This Page (option	al)	270.67		
	nber only)			

ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 33 (check only one) X 11a 11b 11c 12 13 14 15 16 17	
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA	ne name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
Full Name (Last, First, Middle Initial) Jeffrey Gabardi Mailing Address 601 Pennsylvania Av Suite 500, South Buil City		Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y	
Washington FEC ID number of contributing federal political committee.	DC C	20004	Amount of Each Receipt this Period 125.00	
Name of Employer America's Health Insurance Plans Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		ice President, State Affairs e Year-to-Date ▼ 1000.00		
	Leanne Gassaway			
Suite 500, South Buil City Washington	State DC	Zip Code 20004	Transaction ID: 20100427155012-17 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		27.08	
Name of Employer America's Health Insurance Plans Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupatio Regional Aggregate			
Full Name (Last, First, Middle Initial) Jay Gellert			Date of Receipt	
Mailing Address 21650 Oxnard Street Suite 2200 City	State	Zip Code	0 4 0 8 2 0 1 0 Transaction ID: F679B1A0B3F7A8A889	
Woodland Hills FEC ID number of contributing federal political committee.	CA	91367-4901	Amount of Each Receipt this Period 2000.00	
Name of Employer Health Net, Inc.	Occupatio Presiden			
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 2000.00		
SUBTOTAL of Receipts This Page (optional)			2152.08	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14/33 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	(AHIP PAC	0)	
∠ A .	Full Name (Last, First, Middle Initial) Lindy Hinman			Date of Receipt
	Mailing Address 602 Pennsylvania Aver Suite 500, South Buildi			04 15 2010
	City	State	Zip Code	Transaction ID: 20100414111012-19
	Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 83.33
	Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼		n Assistant To President and C e Year-to-Date ▼ 666.64	eeo
- В.	Full Name (Last, First, Middle Initial) Lindy Hinman			Date of Receipt
	Mailing Address 602 Pennsylvania Aver Suite 500, South Buildi	0 4 3 0 2 0 1 0		
	City	State	Zip Code	Transaction ID: 20100427155012-19
	Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 83.33
	Name of Employer America's Health Insurance Plans	Occupation Special A	n Assistant To President and C	reo
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 666.64	
- C.	Full Name (Last, First, Middle Initial) Alethia Jackson			Date of Receipt
	Mailing Address 601 Pennsylvania Aver Suite 500, South Buildi			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Washington	State DC	Zip Code 20004	Transaction ID: 20100414111012-21 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20004	83.33
	Name of Employer America's Health Insurance Plans	Occupation Vice Pre-	n sident, Federal Affairs	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 666.64	
	SUBTOTAL of Receipts This Page (optional)		.	249.99
f	TOTAL This Period (last page this line number of			

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15/33 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	33.0.0 33.0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.		
Americas Health Insurance Plans P	AC (AHIP PAC	()	
Full Name (Last, First, Middle Initial) Alethia Jackson			Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State	Zip Code	Transaction ID: 20100427155012-21
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer America's Health Insurance Plans	Occupation Vice Pres	n sident, Federal Affairs	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		666.64	
Full Name (Last, First, Middle Initial) Scott Keefer	l e		Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu			04 15 2010
City	State	Zip Code	Transaction ID: 20100414111012-22
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer America's Health Insurance	Occupation VP. Fede	n eral Affairs	
<u>Plans</u> Receipt For:	- ' 	Year-to-Date ▼	
Primary General Other (specify) ▼	35 0	333.36	
Full Name (Last, First, Middle Initial) Scott Keefer			Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu			04 30 7 2010
City	State	Zip Code	Transaction ID: 20100427155012-22
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer America's Health Insurance Plans	Occupation VP, Fede	n eral Affairs	
Receipt For:	Aggregate	Year-to-Date ▼	_
Primary General Other (specify) ▼	0 0	333.36	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 33 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Stor for commercial purposes, other than using the	atements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	(AHIP PAC	D)	
۷.	Full Name (Last, First, Middle Initial) Barbara Lardy			Date of Receipt
	Mailing Address 601 Pennsylvania Aver Suite 500, South Buildi			04 15 2010
	City	State	Zip Code	Transaction ID: 20100414111012-23
	Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 41.67
	Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)		on lice President, Clinical Affair e Year-to-Date ▼ 333.36	1
- В.	Full Name (Last, First, Middle Initial) Barbara Lardy	0 0	0 0 0 0 0 0 0	Date of Receipt
	Mailing Address 601 Pennsylvania Aver Suite 500, South Buildi			04 30 2010
	City	State	Zip Code	Transaction ID: 20100427155012-23
	Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 41.67
	Name of Employer America's Health Insurance Plans	Occupation Senior V	ice President, Clinical Affair	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 333.36	
-).	Full Name (Last, First, Middle Initial) Larry Larson			Date of Receipt
	Mailing Address 601 Pennsylvania Aver Suite 500, South Buildi	ng		0 4 1 5 2 0 1 0
	City Washington	State DC	Zip Code 20004	Transaction ID: 20100414111012-24
	FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 41.67
	Name of Employer America's Health Insurance Plans		Operations and Claims	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 333.36	
	SUBTOTAL of Receipts This Page (optional)			125.01
T	TOTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 33 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to s	n for the purpose of soliciting contributions
Americas Health Insurance Plans PAG	C (AHIP PAC)	
Full Name (Last, First, Middle Initial) Larry Larson		Date of Receipt
Mailing Address 601 Pennsylvania Ave Suite 500, South Build		04 30 2010
City	State Zip Code	Transaction ID: 20100427155012-24
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer America's Health Insurance Plans	Occupation Director, Operations and Claims]
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	
Full Name (Last, First, Middle Initial) Jeff Lemieux		Date of Receipt
Mailing Address 601 Pennsylvania Ave Suite 500, South Build		04 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 20100414111012-25
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer America's Health Insurance Plans	Occupation Svp, Center for Health Policy & Resea	r
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Jeff Lemieux		Date of Receipt
Mailing Address 601 Pennsylvania Ave Suite 500, South Build		04 30 7 9 10
City	State Zip Code DC 20004	Transaction ID: 20100427155012-25
Washington FEC ID number of contributing federal political committee.	DC 20004	Amount of Each Receipt this Period 125.00
Name of Employer America's Health Insurance Plans	Occupation Svp, Center for Health Policy & Resea	_ r
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional)		291.67
TOTAL This Period (last page this line number	<u> </u>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 33 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements mage	y not be sold or used by any perso dress of any political committee to	
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	C (AHIP PAC	C)	
Full Name (Last, First, Middle Initial) Beth Leonard			Date of Receipt
Mailing Address 601 Pennsylvania Ave Suite 500, South Build			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 20100414111012-26
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer America's Health Insurance	Occupatio Senior D	n irector Public Affairs	
<u>Plans</u> Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼	199194	333.36	
Full Name (Last, First, Middle Initial) Beth Leonard	1		Date of Receipt
Mailing Address 601 Pennsylvania Ave Suite 500, South Build	M M / D D / Y Y Y Y Y O D D / 2 0 1 0		
City	State	Zip Code	Transaction ID: 20100427155012-26
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer America's Health Insurance Plans	Occupatio Senior D	n irector Public Affairs	
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 333.36	
Full Name (Last, First, Middle Initial) Julie Miller	<u> </u>		Date of Receipt
Mailing Address 601 Pennsylvania Ave Suite 500, South Build			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 20100414111012-35
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer America's Health Insurance Plans	Occupatio Senior A	n ssociate Counsel	
Receipt For:	Aggregate	e Year-to-Date	
Primary General Other (specify) ▼	0 0	333.36	
SUBTOTAL of Receipts This Page (optional))	125.01

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee in solicitic contributions from such committees. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Julie Malling Address 601 Pennsylvania Avenue N.W. Suite 500. South Building City Name of Employer Americas Health Insurance Receipt For: Primary General Other (specify) ▼ Date of Receipt Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Betsy Pelovitz Malling Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City Mashington City Mashington City Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Betsy Pelovitz Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Occupation Name of Employer Amount of Each Receipt This Period Transaction ID: 201004141110124 Amount of Each Receipt This Period DC 20004 Full Name (Last, First, Middle Initial) Betsy Pelovitz Malling Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City Malling Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Vice President Product Policy Malling Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City Type State Zip Code Washington DC 20004 FEC ID number of contributing federal political committee. City Period Type State Zip Code Washington DC 20004 FEC Drumber of contributing federal political committee. City City Period Type State Zip Code Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Aggregate Y	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 33 (check only one) X 11a 11b 11c 12
NAME OF COMMITTEE (in Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Julia Milliar Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Primary Other (specify) ▼ Other (spec			, ,	13 14 15 16
Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Julie Miller Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City Washington DC 20004 FEC ID number of contributing federal political committee. Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Battley Palovitz Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Aggregate Year-to-Date ▼ Date of Receipt Ters Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Battley Palovitz Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building FEC ID number of contributing federal political committee. C Decupation Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Battle Zip Code Aggregate Year-to-Date ▼ Occupation Name of Employer Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Suite 500, South Building City State Zip Code Washington DC 20004 FEC ID number of contributing federal political committee. C 20004 Full Name (Last, First, Middle Initial) Battle Zip Code Washington DC 20004 FEC ID number of contributing federal political committee. C 33.33 Date of Receipt Aggregate Year-to-Date ▼ Transaction ID: 20100427155012: Amount of Each Receipt this Period Full Name of Employer Amount of Each Receipt this Period Fec ID number of contributing federal political committee. C 20004 FEC ID number of contributing federal political committee. Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Aggregate Ye	Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may name and add	/ not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Julie Millior Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City Washington DC 20004 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Betsy Pelovitz Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City Washington FEUIl Name (Last, First, Middle Initial) Betsy Pelovitz Washington City Suite 500, South Building City Washington City Suite 500, South Building City Code Washington City Suite 500, South Building City Suite 500, Suite Sui				
Julie Miller Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Washington DC 20004 FEC ID number of contributing federal political committee. C C C C C C C Amount of Each Receipt this Period Full Name (Last, First, Middle Initial) Betsy Pelovitz Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Washington DC 20004 FEC ID number of contributing federal political committee. C C C C C Primary General Other (specify) ▼ C Date of Receipt this Period Amount of Each Receipt this Period Amount of Each Receipt this Period Primary General Other (specify) ▼ C Date of Receipt Amount of Each Receipt this Period Date of Receipt Amount of Each Receipt this Period Full Name (Last, First, Middle Initial) Betsy Pelovitz Mailing Address Amount of Each Receipt this Period Amount of Each Receipt this Period Transaction ID: 201004271550125 Amount of Each Receipt this Period Transaction ID: 201004271550125 Amount of Each Receipt this Period Transaction ID: 2010	Americas Health Insurance Plans PAC	(AHIP PAC	5)	
City Washington DC 20004 FEC ID number of contributing federal political committee. C	,			Date of Receipt
Mashington DC 20004				
FEC ID number of contributing federal political committee. C		State	Zip Code	Transaction ID: 20100427155012-3
Name of Employer Amount of Each Receipt this Period Washington Diter (specify) ▼ Full Name (Last, First, Middle Initial) Betsy Pelovitz Washington DC 20004 Full Name (Last, First, Middle Initial) Betsy Pelovitz Washington DC 20004 FEC ID number of contributing federal political committee. Full Name (Last, First, Middle Initial) Betsy Pelovitz Washington DC 20004 FEC ID number of contributing Federal political committee. C	Washington	DC	20004	Amount of Each Receipt this Period
America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Betsy Pelovitz Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code DC 20004 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ FUII Name (Last, First, Middle Initial) Betsy Pelovitz Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Betsy Pelovitz Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Washington DC 20004 FEC ID number of contributing federal political committee. C 30 J 2 0 1 0 J 3 0 J 3 J 3 J 3 J 3 J 3 J 3 J 3		C		41.67
Plans Senior Associate Counsel Receipt For:	Name of Employer	Occupation	n	-
Receipt For:	America's Healfh Insurance			
Other (specify) ▼ State Zip Code Transaction ID: 20100414111012-5	Receipt For:	Aggregate	Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Betsy Pelovitz Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) Washington FEC ID number of contributing federal political committee. Docupation Vice President Product Policy Aggregate Year-to-Date Date of Receipt M. M. M. D. D. D. 2 0100414111012-3 Amount of Each Receipt this Period Full Name (Last, First, Middle Initial) Betsy Pelovitz Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Washington Date of Receipt M. M. D.			333 36	1
Betsy Pelovitz Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City Washington DC 20004 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Betsy Pelovitz Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Washington C C 20004 Full Name (Last, First, Middle Initial) Betsy Pelovitz Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Washington DC 20004 FEC ID number of contributing federal political committee. C 20004 FEC ID number of contributing federal political committee. C 383.33 Date of Receipt Transaction ID: 201004141111012-3 Date of Receipt Amount of Each Receipt this Period Transaction ID: 20100427155012-3 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Vice President Product Policy Receipt For: Primary General Other (specify) Aggregate Year-to-Date Aggregate	☐ Other (specify) ▼		333.30	
Suite 500, South Building City Washington DC 20004 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ State Zip Code Occupation Vice President Product Policy Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: 201004141111012-3 Amount of Each Receipt this Period Balans Ba				Date of Receipt
Washington DC 20004 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Betsy Pelovitz Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Washington DC 20004 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Date of Receipt M M M / 3 0 / 2 0 1 0 Transaction ID: 20100427155012-3 Amount of Each Receipt this Period Transaction ID: 20100427155012-3 Amount of Each Receipt this Period Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼				
FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Other (specify) ▼	City	State	Zip Code	Transaction ID: 20100414111012-3
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Betsy Pelovitz Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Occupation Vice President Product Policy Aggregate Year-to-Date ▼ Date of Receipt M M M O 4 3 0 7 2 0 1 0 Transaction ID: 20100427155012-3 Amount of Each Receipt this Period C 83.33	Washington	DC	20004	Amount of Each Receipt this Period
Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Betsy Pelovitz Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Washington DC 20004 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Occupation Vice President Product Policy Aggregate Year-to-Date ▼		С		83.33
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Betsy Pelovitz Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Washington DC 20004 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Tull Name (Last, First, Middle Initial) Betsy Pelovitz Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Washington DC 20004 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼		Aggregate	Year-to-Date ▼	
Betsy Pelovitz Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Washington DC 20004 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Date of Receipt M M M O 4 / 3 0 / 2 0 1 0 Transaction ID: 20100427155012-3 Amount of Each Receipt this Period Occupation Vice President Product Policy Aggregate Year-to-Date ▼ 666.64			666.64	
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Washington DC 20004 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ M M M D D D D D D D D D D D D D D D D				Date of Receipt
Washington DC 20004 FEC ID number of contributing federal political committee. C 83.33 Amount of Each Receipt this Period 83.33 83.33 Occupation Vice President Product Policy Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 666.64 Other (specify) ▼ Occupation Vice President Product Policy Aggregate Year-to-Date ▼ 666.64 Other (specify) ▼ Occupation Vice President Product Policy Aggregate Year-to-Date ▼ 666.64 Other (specify) ▼ Occupation Vice President Product Policy Aggregate Year-to-Date ▼ 666.64 Other (specify) ▼ Occupation Vice President Product Policy Occupation Vice President Product Policy Aggregate Year-to-Date ▼ Occupation Vice President Product Policy Occupatio	0 00.1007			
FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Receipt For: Aggregate Year-to-Date ▼ 666.64	•		Zip Code	Transaction ID: 20100427155012-3
Name of Employer America's Health Insurance Plans Receipt For: Primary Other (specify) ▼ Primary General Other (specify) ▼ Occupation Vice President Product Policy Aggregate Year-to-Date 666.64	Washington	DC	20004	Amount of Each Receipt this Period
Plans Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 666.64		C		83.33
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 666.64				7
Primary General Other (specify) ▼ 666.64		-	.	
Other (specify)		ggi ogato		1
208.22	Other (specify)		666.64	
SUBTOTAL of Receipts This Page (optional)				208.33

	EDULE A (FEC Form 3X) IZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 20 / 33 (check only one) X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 12 16 12 16 16 16 17 16 16 17 17 16 17 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16
Any info	ormation copied from such Reports and ommercial purposes, other than using the	Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAM	IE OF COMMITTEE (In Full) ericas Health Insurance Plans PA			
Full I	Name (Last, First, Middle Initial)			
	n Pisano ng Address 601 Pennsylvania Av	enue N.W.		Date of Receipt
C:t.	Suite 500, South Buil	ding	7in Code	04 15 2010
City W a:	shington	State DC	Zip Code 20004	Transaction ID: 20100414111012-39 Amount of Each Receipt this Period
FEC	ID number of contributing ral political committee.	C		130.47
	e of Employer rica's Health Insurance	Occupatio	n sident Strategic Communicat	tion
<u>Plan</u> Rece	s eipt For:		e Year-to-Date	
	Primary General Other (specify) ▼		1028.70	
	Name (Last, First, Middle Initial) ın Pisano	Date of Receipt		
Maili 	ng Address 601 Pennsylvania Av Suite 500, South Buil			04 30 7 2010
City		State	Zip Code	Transaction ID: 20100427155012-39
	shington	DC	20004	Amount of Each Receipt this Period
	ID number of contributing ral political committee.	C		130.47
	e of Employer rica's Health Insurance	Occupatio Vice Pres	n sident Strategic Communicat	tion
<u>Plan</u> Rece	s eipt For:		e Year-to-Date	
	Primary General Other (specify) ▼		1028.70	
	Name (Last, First, Middle Initial) ence Platt			Date of Receipt
Maili	ng Address 601 Pennsylvania Av Suite 500, South Buil			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: 20100414111012-40
	shington	DC	20004	Amount of Each Receipt this Period
	ID number of contributing ral political committee.	C		41.67
Ame <u>Plan</u>		Occupatio Director	n	
Rece	eipt For: Primary General	Aggregate	e Year-to-Date ▼	,
	Other (specify)		333.36	
				302.61

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 33 (check only one) X		
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	g the name and add	dress of any political committee to	on for the purpose of soliciting contributions		
Full Name (Last, First, Middle Initial) Lawrence Platt Mailing Address 601 Pennsylvania	Ανορμο N W		Date of Receipt		
Suite 500, South B	Building State	Zip Code	0 4 3 0 2 0 1 0 Transaction ID: 20100427155012-40		
Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 41.67		
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Director Aggregate	Year-to-Date ▼ 333.36			
Full Name (Last, First, Middle Initial) Richard Ramsay Mailing Address 601 Pennsylvania Suite 500, South B	Richard Ramsay Mailing Address 601 Pennsylvania Avenue N.W.				
City Washington	State DC	Zip Code	Transaction ID: 20100414111012-41		
FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 83.33		
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼		n sident, State Advocacy Year-to-Date ▼ 666.64			
Full Name (Last, First, Middle Initial) Richard Ramsay	'		Date of Receipt		
Mailing Address 601 Pennsylvania Suite 500, South B			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		
City Washington	State DC	Zip Code 20004	Transaction ID: 20100427155012-41 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	20004	83.33		
Name of Employer America's Health Insurance Plans		sident, State Advocacy			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 666.64			
SUBTOTAL of Receipts This Page (option	al)		208.33		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 33 (check only one) X 11a 11b 11c 12 13 14 15 16 17	
,	Any information copied from such Reports and or for commercial purposes, other than using th	Statements may e name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA	C (AHIP PAC)		
∠ 4.	Full Name (Last, First, Middle Initial) Bob Rehm			Date of Receipt	
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build			04 15 7 2010	
	City Washington	State DC	Zip Code 20004	Transaction ID: 20100414111012-44 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	2000-	31.25	
	Name of Employer America's Health Insurance Plans	Occupation Vice Pres	n sident, Public Health & Clinic		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00		
_ 3.	Full Name (Last, First, Middle Initial) Bob Rehm	Date of Receipt			
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build	04 30 7 2010			
	City Washington	State DC	Zip Code 20004	Transaction ID: 20100427155012-44 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	20004	31.25	
	Name of Employer America's Health Insurance Plans	Occupation Vice Pres	n sident, Public Health & Clinic		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]	
- :.	Full Name (Last, First, Middle Initial) Sue Rohan			Date of Receipt	
		Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building			
	City Washington	State DC	Zip Code 20004	Transaction ID: 20100414111012-45 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		41.67	
	Name of Employer America's Health Insurance Plans	_ '	sident, Federal Programs		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 333.36		
	SUBTOTAL of Receipts This Page (optional)	1		104.17	

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 33 (check only one) X 11a 11b 11c 12 13 14 15 16 11
\ \ \	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
/	Full Name (Last, First, Middle Initial)	(ANIP PAC	·)	
۱.	Sue Rohan Mailing Address 601 Pennsylvania Aver			Date of Receipt 0 4 3 0 2 0 1 0
	Suite 500, South Buildi	ng State	Zip Code	Transaction ID: 20100427155012-45
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20004	41.67
	Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼		n sident, Federal Programs • Year-to-Date ▼	
- 3.	Full Name (Last, First, Middle Initial) Lisa Shreve Mailing Address 601 Pennsylvania Aver	Date of Receipt		
	Suite 500, South Buildi	ng	7: 0 1	04 15 2010
	City	State	Zip Code	Transaction ID: 20100414111012-46
	Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 41.67
	Name of Employer America's Health Insurance Plans	Occupatio Senior V	n ice President, Professional F	Pr
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 333.36	
_	Full Name (Last, First, Middle Initial) Lisa Shreve			Date of Receipt
	Mailing Address 601 Pennsylvania Aver Suite 500, South Buildi			04 30 2010
	City Washington	State DC	Zip Code 20004	Transaction ID: 20100427155012-46 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20007	41.67
	Name of Employer America's Health Insurance Plans		ice President, Professional F	Pr
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 333.36	
Γ	SUBTOTAL of Receipts This Page (optional)			125.01

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 33 (check only one) X 11a
,	Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA	C (AHIP PAC	()	
. ∠ \ .	Full Name (Last, First, Middle Initial) Charles Stellar			Date of Receipt
••	Mailing Address 601 Pennsylvania Av Suite 500, South Buil			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 20100414111012-47
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		153.85
	Name of Employer America's Health Insurance	Occupatio Executive		
	Plans Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify)	0 0	1230.80	
- 3.	Full Name (Last, First, Middle Initial) Charles Stellar			Date of Receipt
	Mailing Address 601 Pennsylvania Av Suite 500, South Buil			04 30 7 2010
	City	State	Zip Code	Transaction ID: 20100427155012-47
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		153.85
	Name of Employer America's Health Insurance Plans	Occupatio Executive		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary ☐ General Other (specify) ▼		1230.80	
_ :.	Full Name (Last, First, Middle Initial) Jessica Talbert			Date of Receipt
	Mailing Address 601 Pennsylvania Av Suite 500, South Buil			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 20100414111012-48
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		31.25
	Name of Employer America's Health Insurance	Occupatio		
	Plans Receipt For:		Director, Political Affairs e Year-to-Date ▼	
	Primary General	, iggregate		1
	Other (specify)		250.00	
	SUBTOTAL of Receipts This Page (optional)	1		338.95
-	SOBTOTAL OF HECEIPIS THIS FAGE (OPLIONAL)			
	TOTAL This Period (last page this line number	er only)		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 33 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	g the name and ado	lress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Jessica Talbert			Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South B	Building	7in Onda	0 4 3 0 2 0 1 0 10 10 10 10 10 10 10 10 10 10 10
City Washington	State DC	Zip Code 20004	Transaction ID: 20100427155012-48 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		31.25
Name of Employer America's Health Insurance Plans	Occupation Deputy D	n irector, Political Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Michael Tuffin			Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South B	04 15 2010		
City	State	Zip Code	Transaction ID: 20100414111012-50
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		208.33
Name of Employer America's Health Insurance Plans	Occupation Executive	n e Vice President	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		1666.64	
Full Name (Last, First, Middle Initial) Michael Tuffin	l		Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South B			04 / 30 / Y Y Y Y Y
City	State DC	Zip Code	Transaction ID: 20100427155012-50
Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 208.33
Name of Employer America's Health Insurance Plans		Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1666.64	
SUBTOTAL of Receipts This Page (option	al)		447.91

ULE A (FEC Form 3X) ED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 33 (check only one) X
ation copied from such Reports and Stateme nercial purposes, other than using the name	nts may not be sold or used by any persor and address of any political committee to s	
DF COMMITTEE (In Full) cas Health Insurance Plans PAC (AHI		
ne (Last, First, Middle Initial) n Koevering		Date of Receipt
Address 601 Pennsylvania Avenue N Suite 500, South Building	W.	0 4 1 5 2 0 1 0
	ate Zip Code	Transaction ID: 20100414111012-51
ngton D	C 20004	Amount of Each Receipt this Period
number of contributing political committee.		62.50
s'e Haalfh Incurance	cupation ecutive Director	1
	gregate Year-to-Date ▼	
imary General ther (specify) ▼	500.00	
ne (Last, First, Middle Initial)		Date of Receipt
Address 601 Pennsylvania Avenue N Suite 500, South Building	M M / D D / Y Y Y Y Y O D D / 2010	
	ate Zip Code	Transaction ID: 20100427155012-51
ngton D	C 20004	Amount of Each Receipt this Period
number of contributing political committee.		62.50
s'e Haalfh Incurance	cupation ecutive Director	
For: imary General ther (specify)	gregate Year-to-Date ▼ 500.00	
ne (Last, First, Middle Initial) igil		Date of Receipt
Address 601 Pennsylvania Avenue N Suite 500, South Building	W.	0 4 1 5 2 0 1 0
S	tate Zip Code	Transaction ID: 20100414111012-52
ngton D	C 20004	Amount of Each Receipt this Period
number of contributing colitical committee.		31.25
s'a L'aalfh Inguranga	cupation outy Director, State Publications	1
	gregate Year-to-Date ▼	
imary General ther (specify) ▼	250.00	
imary General	250.00	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 33 (check only one) X 11a 11b 11c 12 13 14 15 16 17			
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by any perso the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans P	AC (AHIP PAC)				
Full Name (Last, First, Middle Initial) Daniel Vigil		Date of Receipt			
Mailing Address 601 Pennsylvania A Suite 500, South Bu	ilding	04 / 30 / Y Y Y Y			
City <u>Washington</u>	State Zip Code DC 20004	Transaction ID: 20100427155012-52 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	31.25			
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Deputy Director, State Publications Aggregate Year-to-Date ▼ 250.00				
Full Name (Last, First, Middle Initial) Robert Zirkelbach					
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building				
City Washington	State Zip Code DC 20004	Transaction ID: 20100414111012-54			
FEC ID number of contributing federal political committee.	DC 20004	Amount of Each Receipt this Period 41.67			
Name of Employer America's Health Insurance Plans Receipt For: Primary General	Occupation Press Secretary Aggregate Year-to-Date ▼				
Other (specify)	333.36				
Full Name (Last, First, Middle Initial) Robert Zirkelbach	N.W.	Date of Receipt			
Mailing Address 601 Pennsylvania A Suite 500, South Bu	ilding	04 30 2010			
City Washington	State Zip Code DC 20004	Transaction ID: 20100427155012-54 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	41.67			
Name of Employer America's Health Insurance Plans	Occupation Press Secretary				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36				
SUBTOTAL of Receipts This Page (optional)	114.59			
TOTAL This Period (last page this line numb	per only)	6741.25			

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 33 (check only one) 11a
A.	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC Full Name (Last, First, Middle Initial) Health Net, Incorporated Political Action Committee	(AHIP PAC	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee. Date of Receipt
	Mailing Address 455 Capitol Mall, Suite City Sacramento FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) ▼	State CA C Coo	Zip Code 95814 0230789 n e Year-to-Date ▼	Transaction ID: DC34A9DB6A325078844 Amount of Each Receipt this Period 5000.00
В.	Full Name (Last, First, Middle Initial) Independent Health Association Inc Political Alliau Mailing Address 2495 Kensington Aven City Buffalo FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State NY C Coo	Zip Code 14226 0323758 In e Year-to-Date ▼ 5000.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 4947A339906F9717E1F Amount of Each Receipt this Period 5000.00

SUBTOTAL of Receipts This Page (optional)	 10000.00
SOUTH OF TEECHES THIS Tage (optional)	 10000.00
TOTAL This Period (last page this line number only)	10000.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 33 (check only one) 11a
	Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	name and add	dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Citibank Mailing Address 1101 Pennsylvania Ave 11th Floor City Washington FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) ▼	State DC C Occupatio	Zip Code 20004 n • Year-to-Date ▼	Date of Receipt M M M
В.	Full Name (Last, First, Middle Initial) Citibank Mailing Address 1101 Pennsylvania Ave 11th Floor City Washington FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) ▼	State DC C Occupatio	Zip Code 20004 n e Year-to-Date ▼	Date of Receipt M M D D Y Y Y Y Y Y Y Y

SUBTOTAL of Receipts This Page (optional)	•	165.79
TOTAL This Period (last page this line number only)	•	165.79

TI EMIZED DISBURSEMENTS for each category of the	SCHEDULE B (FEC Form 3X)	Use separate schedu	le(s)	FOR LINE	NUMBER:		PAC	GE 30/	33
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Bank of America Mailing Address 730 15th Street, NW Second Floor City Second Floor	ITEMIZED DISBURSEMENTS	tor each category of the Detailed Summary Pa	ne age	X 21b	22				3
Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Bank of America Mailing Address 730 15th Street, NW Second Floor City State Zip Code Washington DC 20005 Purpose of Disbursement Wire Transler Fee Candidate Name Office Sought: House Second Floor City Senate President State: District: Full Name (Last, First, Middle Initial) Bank of America Mailing Address 730 15th Street, NW Second Floor City General Disbursement For: Senate President State: District: Full Name (Last, First, Middle Initial) Citibank Mailing Address 1101 Pennsylvania Ave, NW 11th Floor City State Zip Code Disbursement For: General Primary General Other (specify) ▼ Transaction ID: 73BDDD2C3DA129 Date of Disbursement this Period Amount of Each Disbursement this Period Transaction ID: 3A3F5CB1E00DDD: Date of Disbursement Office Sought: President Date of Disbursement Office Sought: House President Date of Disbursement Office Sought: President Date of Disbursement For: Primary General Other (specify) ▼ Office Sought: President State: District: Disbursement For: Primary General Other (specify) ▼ Other (specify) ▼ Other (specify) ▼									s
Bank of America Mailing Address 730 15th Street, NW Second Floor City Second Floor City State DC 20005 Purpose of Disbursement Wire Transfer Fee Candidate Name Other (specify) ▼ City Second Floor City City Second Floor City Second Floor City City City City City City City City	1 \	HIP PAC)							
Second Floor City Washington					Date of D	Disbursem	ent		
Washington Purpose of Disbursement Wire Transfer Fee Candidate Name Office Sought: House President Primary General Purpose of Disbursement For: Senate President President State: District: Full Name (Last, First, Middle Initial) Bank of America Mailing Address 730 15th Street, NW Second Floor City Washington DC 20005 Purpose of Disbursement V					0 4	14	/ Y	ž 0 1 (o ^Y
Purpose of Disbursement Wire Transfer Fee Candidate Name Office Sought: House Primary General President State: District: Full Name (Last, First, Middle Initial) Bank of America Mailing Address 720 15th Street, NW Second Floor City Washington Office Sought: House Primary General Primary General Primary General President Gategory/ Type Office Sought: House Primary General Pri					Amount o	of Each Di	sbursen	nent this	Period
Office Sought:	Purpose of Disbursement Wire Transfer Fee				<u> </u>			12.00)
Senate President Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) Bank of America Mailing Address 730 15th Street, NW Second Floor City Washington DC 20005 Purpose of Disbursement Wire Transfer Fee Candidate Name Office Sought: House Senate President State Zip Code Disbursement For: Senate President State: District: Full Name (Last, First, Middle Initial) Citibank Mailing Address 1101 Pennsylvania Ave, NW 11th Floor City Washington DC 20004 Purpose of Disbursement Merchan Service Fee Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ Amount of Each Disbursement this Period Type Transaction ID: AEB9023523043F9. Date of Disbursement This Period Disbursement For: Other (specify) ▼ Amount of Each Disbursement Type Transaction ID: AEB9023523043F9. Date of Disbursement This Period Date of Date of Disbursement This Period Date of Disbursement This Period Date of Dat		. =			_				
Full Name (Last, First, Middle Initial) Bank of America Mailing Address 730 15th Street, NW Second Floor City Washington DC 20005 Purpose of Disbursement Wire Transfer Fee Candidate Name Office Sought: House Primary General Other (specify) Vashington Mailing Address 1101 Pennsylvania Ave, NW 11th Floor City Washington DC 20004 President Disbursement For: Senate Primary General Other (specify) Vashington DC 20004 Mailing Address 1101 Pennsylvania Ave, NW 11th Floor City Washington Disbursement For: Amount of Each Disbursement this Period Date of Disbursement Mailing Address 1101 Pennsylvania Ave, NW 11th Floor City Washington DC 20004 Purpose of Disbursement DC 20004	Senate President	Primary Gene	eral						
Second Floor City Washington Purpose of Disbursement Wire Transfer Fee Candidate Name Office Sought: House Senate President President State: District: Full Name (Last, First, Middle Initial) Citibank Mailing Address 1101 Pennsylvania Ave, NW 11th Floor City Washington District: State Zip Code Primary General Other (specify) Date of Disbursement May M Other (specify) Amount of Each Disbursement this Period Transaction ID: AEB9023523043F9 Date of Disbursement May M Other (specify) Amount of Each Disbursement this Period Amount of Each Disbursement this Period Amount of Each Disbursement this Period Other (specify) Type Office Sought: House Senate Primary Office Sought: President Other (specify) Other (specify) Type Office Sought: District: District:	Full Name (Last, First, Middle Initial)							CB1E00	D0D3
City Washington Purpose of Disbursement Wire Transfer Fee Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) Citibank Mailing Address 1101 Pennsylvania Ave, NW 11th Floor City Washington Purpose of Disbursement Merchant Service Fee Candidate Name Office Sought: House Disbursement For: State Zip Code Washington Purpose of Disbursement Merchant Service Fee Candidate Name Disbursement For: Other (specify) ▼ Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ Office Sought: Disbursement For: Senate Primary General Other (specify) ▼ Office Sought: Disbursement For: Senate Primary General Other (specify) ▼						[/] 28	/ Y	ž 0 1 (O Y
Purpose of Disbursement Wire Transfer Fee Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) Citibank Mailing Address 1101 Pennsylvania Ave, NW 11th Floor City State Zip Code Washington DC 20004 Purpose of Disbursement Merchant Service Fee Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ Amount of Each Disbursement this Period Other (specify) ▼ Amount of Each Disbursement this Period Other (specify) ▼					Amount	of Each Di	sbursen	nent this I	Period
Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) Citibank Mailing Address 1101 Pennsylvania Ave, NW 11th Floor City Washington DC 20004 Purpose of Disbursement Merchant Service Fee Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ Office Sought: President Senate Primary General Other (specify) ▼ State: District: Category/ Type Office Sought: General Other (specify) ▼ State: District: Other (specify) ▼	Purpose of Disbursement			001				12.00)
Office Sought: House Senate Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) Citibank Mailing Address 1101 Pennsylvania Ave, NW 11th Floor City State Zip Code Washington DC 20004 Purpose of Disbursement Merchant Service Fee Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ Office Sought: House Senate Primary General Other (specify) ▼ State: District:			Ca	ategory/					
Full Name (Last, First, Middle Initial) Citibank Mailing Address 1101 Pennsylvania Ave, NW 11th Floor City State Zip Code Washington DC 20004 Purpose of Disbursement Merchant Service Fee Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Transaction ID: AEB9023523043F9 Date of Disbursement M	Senate President	Primary Gene							
Mailing Address 1101 Pennsylvania Ave, NW 11th Floor City State Zip Code Washington DC 20004 Purpose of Disbursement Merchant Service Fee Candidate Name Disbursement For: Senate Primary General Other (specify) ▼ State: District:	Full Name (Last, First, Middle Initial)							235230	43F98
Washington Purpose of Disbursement Merchant Service Fee Candidate Name Office Sought: House Senate Primary President State: District: District: District: Dispursement For: Primary General Other (specify) Other (specify) Other (specify)		NW			0 4	05	/ Y	ž 0 1 (O Y
Merchant Service Fee Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ State: District:					Amount	of Each Di	sbursen	nent this	Period
Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: District:	Purpose of Disbursement			001				0.54	1
Senate Primary General Other (specify) ▼ State: District:			Ca	ategory/					
04.54	Senate President	Primary Gene	eral						
				•			• •	24.54	1
TOTAL This Period (last page this line number only)						-			

Image# 10990692918

State:

A.

District:

	EDULE B	Use separate schedule(s)				FOR LINE NUMBER: (check only one)							PAGE 31/33						
ITEM	MIZED DISE	BURSEMEN	ITS			gory of the X 21b 27					22 28a		23 28b	Н	24 28c	Н	25 29		26 30b
•		from such Reports ses, other than usi		•			•					•			_				
\	ME OF COMMIT nericas Health	TTEE (In Full) Insurance Plans	s PAC (AH	IIP PAC)															
Citi	ibank	st, Middle Initial)									Date o		ion ID:	_	ent		5D89 0 1 0		 1916 <i>i</i>
Mai	iling Address	1101 Pennsylva 11th Floor	ania Ave, I	NW							0 4		1	2		2	010		
City Wa	/ ashington			State DC		Code 004					Amou	nt c	f Each	Dis	burse	ment	this P	erio	d
	pose of Disburse rchant Service Fe						Ö	01			<u></u>	-				(31.74	-	
Car	ndidate Name						Cat	ego	•										
Offi	ice Sought:	House Senate President	Disburse	ment For: Primary Other (sp	ecify)	General													

SUBTOTAL of Disbursements This Page (optional)	>	31.74
TOTAL This Period (last page this line number only)	<u> </u>	56.28

A.

SCHEDULE B (FEC Form 3X)							FOR LINE NUMBER: PAGE 32/						0 / 00	,		
ITEMIZED DISBURSEMENTS			Use separate schedule(s) for each category of the			(check only			:к: Гх] 2	ą Г	_ □ 2			12 / 33 15 - [7 26	
				Detailed	Summary Page		27		22 28a		8b	_	Bc	_	29	30b
	y Information copied for commercial purpos			•		•							_			
$\overline{\ }$	NAME OF COMMIT	TEE (In Full)														
	Americas Health	Insurance Plans	PAC (AH	IP PAC)												
	Full Name (Last, Fire	st, Middle Initial)							Trans	action	ı ID:	713	22-9	877	7407	40776
	Democratic Sena	torial Campaign	Committe	ee					Date	of Disk						
	Mailing Address	120 Maryland A	/e NE						o ^M 4	M /	^D 0	7 /	Y	ž 0	10	
	City Washington		_	tate OC	Zip Code 20002				Amou	int of E	ach I	Disbu				eriod
	Purpose of Disburse 2010 Contribution	ement				Ö	11					_	15	000	0.00	
	Candidate Name Democratic Sena	torial Campaign	Committe	е			egory/ /pe									
	Office Sought:	House Senate President		nent For: Primary Other (spe	2010 General ecify) ▼											
	State: D	istrict:	Contribu	tion												

SUBTOTAL of Disbursements This Page (optional)	•	15000.00
TOTAL This Period (last page this line number only)	•	15000.00

Image# 10990692920

A.

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 33 / 33 nly one) 22 23 24 25 26
Any Information copied from such Reports and States or for commercial purposes, other than using the nan NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (A	ments may not be sold or used by any person are and address of any political committee to s	· ·
Full Name (Last, First, Middle Initial) Mark Ganz Mailing Address 200 Market Street		Transaction ID: 1C6FC3CC86928B35FB Date of Disbursement O 4 O 8 O 2 O 1 O
City Portland Purpose of Disbursement Refund of November 17, 2009 contribution per 11	State Zip Code OR 97201-5715 C.F.R. 103.3(b)(2) 010	Amount of Each Disbursement this Period 5000.00
Candidate Name Office Sought: House Disburs Senate President	Category/ Type ement For: Primary General Other (specify)	
State: District:	(-	

SUBTOTAL of Disbursements This Page (optional)	•	5000.00
TOTAL This Period (last page this line number only)	•	5000.00